

FMS Foundation Newsletter

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March 1, 1995

Dear Friends,

If any other medical product had more than 16,000 complaints, it would be taken off the market and examined.

If the American Medical Association issued a warning about the dangerous side-effects of a drug, it would either be pulled from the market or patients would be asked for informed consent before administration.

Why is Recovered Memory Therapy still being defended by so many professionals?

To our knowledge, the state of Washington is the first state to respond in a responsible manner to the mental health crisis of False Memory Syndrome. The state has responded to the complaint of one family in the manner that more than 16,000 consumers have requested.

Chuck Noah and his wife have been fighting for three years to clear their names. As reported in the *Seattle Post Intelligencer* on February 22, 1995, their campaign involved setting up placards and picketing at the state Capitol, in front of Gateway Counseling where their daughter was a patient, in front of the church once attended by Paul Ingram, and at Evergreen State College in Olympia. Last year, the Noahs' trailer was burned at Evergreen.

In February, the Noahs learned that Linda Rae MacDonald of Gateway Counseling, their daughter's therapist, was notified by the Health Professions Quality Assurance Division of the state of Washington Health Department that she will lose her license to practice unless she can successfully defend herself against administrative charges.

As far as is known, this is the first time that any State Department of Health has acted in this way on a complaint by a THIRD PARTY (parent) against a therapist/counselor of their daughter. The "Statement of Charges" is signed by Delores E. Spice, Executive Director, Health Professions Section Two, Health Professions Quality Assurance Division, Department of Health, State of Washington. Dr. Spice includes the following among her "grounds for disciplinary action" against MacDonald:

- Respondent encouraged G.M. [the client] to set up "boundaries" with her family and not allow any of her family to contact her while she was being counseled... The isolation encouraged G.M. to become dependent on Respondent.

- Respondent "validated" G.M.'s memories of alleged childhood sexual abuse without seeking or encouraging G.M. to seek information from others that would objectively validate the memories of alleged childhood sexual abuse.

- Respondent encouraged G.M. to explain her family's response to her allegation of childhood sexual abuse as her family being in denial and did not suggest or encourage alternate explanations for her family's response.

- Respondent interpreted G.M.'s hallucinations as 'satanic ritual abuse' and did not explore alternate explanations or interpretations for the hallucinations.

The state of New Hampshire is the second state to respond to the crisis — in an entirely different manner. While it is not clear what the outcome will be, the legislature held its first hearing in February on a bill that would require that patients undergoing experimental methods such as Recovered Memory Therapy be informed of the risks and limitations of the treatment if government or insurance monies are involved. The informed consent portion of the Mental Health Bill of Rights currently applies only patients in hospitals that receive federal money. The impetus for the introduction of this legislation was the imprisonment of one man for one month on the basis of a therapist's interpretation of his daughter's dream.

We don't know why so many professionals continue to defend Recovered Memory Therapy given the risks and costs involved with its practice. In part, we suspect, it is related to the overall extravagant climate of the 1980's in which "entrepreneurs glutted the market with new psychiatric hospitals" and "patients could stay in talk therapy for years." (*Inquirer*, 2/5/95, The new world of mental health)

The difficulty that consumers face when they try to point out wrongs in the mental health field was given dramatic attention this month when 10 Texas psychiatrists filed a lawsuit against ex-patients who had made complaints (*The New York Times* on February 24, 1995). The case is part of the National Medical Enterprises fraud suit in which NME paid a \$370 million fine. The lawsuit by the psychiatrists is especially interesting because many of the patients were minors and because they had testified before congress which generally grants immunity from such suits. Lawyers for the former patients have suggested that the suits are a way to intimidate people who complain. Lawyers for the psychiatrists claim that they are merely asserting claims for damage done by untrue statements.

Retractors report that they are facing a tremendous amount of difficulty in their efforts to bring accountability in their cases. Former mental patients face bias in terms of being considered reliable witnesses. In the first cast of a former Recovered Memory Therapy patient suing a therapist to go to trial, for example, the defense even demanded that her home computer be brought to the court.

We look forward to the response from professional organizations on their position about professionals suing former patients who have made complaints. Perhaps at the same time they will respond to the theoretical constructs of Recovered Memory Therapy — including the position that lawsuits against parents are therapeutic.

Pamel

Inside

Rumors	2
Legal Corner	4
Tyroler	5
Lindsay	6
Piper	8
McHugh	9
Ofshe	9
Retractor's Corner	10
From Our Readers	13

The AMA considers recovered memories of childhood sexual abuse to be of uncertain authenticity which should be subject to external verification. The use of recovered memories is fraught with problems of potential misapplication.

AMA, June 16, 1994

GREAT NEWS

Matching-Offer Surpassed

Our challenge to raise \$100,000 between December 1, 1994 and February 28, 1995 to match \$100,000 from a generous member has been met - and well before the deadline! Some 550 members and Friends have contributed over \$150,000, and pledges and payments are still arriving.

This is indeed great news. We are off to a fine start for the new year. Still, continuing generous contributions are needed to meet an operating budget of \$1 million dollars. Membership dues, while very important, only cover about 1/3 of our cash needs.

Our deep and sincere thanks to each of you whose contributions make the achievements of the foundation possible.

Charles Caviness
Development Chair

RUMORS

You can tell a lot about your critics just by listening to the rumors they spread. Almost from the beginning there have been rumors about imminent government action against the Foundation and its principals.

Occasionally such rumors go further: we have an audiotape of a public lecture that started with the news that one of us had already been convicted as a "sex offender." A new rumor is that the Foundation is a front for the managed care industry. (For the record: we have accepted no contributions from any insurance company or HMO.)

The most persistent rumors have been that the Foundation is suing therapists and writers and this rumor has reached new heights in the past few months. We received a phone call recently from someone who had been discussing the possibility of a program on False Memory Syndrome that would include a segment on the Foundation. "Is that a good idea?" he was asked. "I've been told by a Harvard professor that FMSF is suing any people who try to have an academic discussion on the issue." We didn't want to pay much attention to such an absurd notion but a week later we received a letter from the west coast requesting clarification of the same rumor.

The FMS Foundation has not been involved in any lawsuit either as defendant or plaintiff. None of its directors, advisors or staff members are involved in any lawsuit stemming from their association with FMS. With one exception we have never even gotten close to suggesting such an action.

But there is one exception and it needs to be looked at. A strongly worded letter was sent to John Backus, Sc. D. and Barbara Una Stannard, Ph.D. in response to their article entitled, "Your Memories Are Not False: A Reply to the

False Memory Syndrome Foundation" which has been widely published on the Internet and in survivor groups. According to the July 1994 issue of *The Healing Woman*, Barbara Stannard is a writer who is working on two books, an account of her recovery from incest and *A Few Kind Words About Hate*. John Backus is a computer scientist and a survivor. Actually, he is best known as the creator of the computer language Fortran. (Besides creating the most successful language in the "imperative" programming style he pioneered the development of its best alternative, the

"functional" style.) He is a fellow of the American Academy of Arts and Sciences and is a member of the the National Academy of Science. He received the National Medal of Science in 1975, the Turing Prize in 1977, and the Pender Award in 1983.

A strongly worded letter was indeed sent to Backus and Stannard in September 1994. The strong wording was occasioned not by their attack on the Foundation's positions but by their personal attack on its Executive Director.

Backus and Stannard replied in October 1994. They tried to make it sound as if "the FMSF continues to

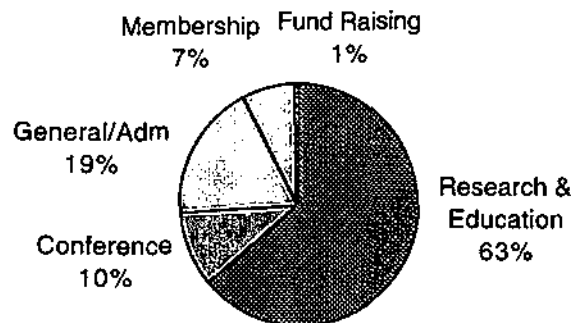
threaten those who disagree with them..."

A reply to Backus and Stannard in October 1994 stated:

"The letter I sent to you was not in response to the fact that your ideas about memory are not in accordance with what the memory research shows. I wrote because you stated your opinions about me as though they were fact. For just one example, you stated in your article the following, "In spite of the dysfunctional family history, in spite of their untruthful and malicious efforts to damage their daughter's career and reputation..." What is your evidence that anything I have said is "untruthful"? You have called me a liar. What is your evidence that I have ever acted in malice? You have claimed that I acted to harm my daughter. You stated, "If she were truly a loving mother..." In that statement, you imply that I did not love my daughter. The law may give you the right to publish what you will, but human decency does not give anyone the right to say that I do not love my daughter."

Our strong wording was occasioned by their personal attack, not their positions on the issues, but readers of this Newsletter may be interested in what Backus and Stannard have to say on the issues. The following summarizes their view of FMSF and of memory recovery. "The backlash movement denies the reality of childhood sexual abuse, claiming that survivors make up their memories or have

FMSF Expenses
March 1993—February 1994



them 'implanted' by therapists." Of course no responsible person denies the reality of childhood sexual abuse and, as we've pointed out before, the gross simplification of therapists "implanting" memories is not an FMSF notion. Backus and Stannard continue:

"Many supporters of this movement claim that most people cannot remember anything that happened before about two years of age. While it may be true that most adults do not consciously recall very early events, there is a great amount of evidence that they nevertheless retain early memories. We know this is true because these memories can be accessed using techniques such as hypnosis, meditation, drugs such as LSD, and certain breathing exercises. Scientists view these techniques with great distrust, but the evidence is overwhelming that accurate early memories can be recovered by careful use of these techniques."

Yes, they really believe that early memories can be recovered with hypnosis, mediation, LSD and breathing exercises (!). Some of their other statements about the nature of memory are just as delectable:

That infants do retain memories of what happens to them is the subject of scientific books, which give many examples of two- to four-year-olds who remember their birth in surprising detail. One little girl, speaking of life in the womb, said, "There was a snake in there with me ...," an obvious reference to the umbilical cord. This same child reported there was a "doggie" in there also which she played with "like this" (waving her arms about) and hearing it bark. It turned out that her mother had acquired a puppy five months before the birth and the dog had spent a lot of time on her stomach. Many similar stories, which parents confirm, are recounted by children who have been told nothing about their birth. This data makes clear that many children remember a great deal about their birth and prenatal life.

"A respected Buddhist meditation teacher... reports that students who practice serious meditation often have experiences like this: '...suddenly I was one year old. I was back there with my spoon, banging on the table.' The FMSF's assertion that very early memories are virtually non-existent is another example of its ignorance and its bias: the FMSF seeks only to verify its beliefs; it ignores the volumes of evidence that contradict its position."

Statements like these, for all their scientific naivete and all their insulting references to the Foundation are, of course,

fully protected not only by the U.S Constitution, but by the most fundamental standards of free inquiry. Statements making assertions of fact, however, about the personal life of an individual are quite another matter.

Jeffrey Victor Wins H.L. Mencken Award

Dale Anderson

Buffalo News, February 4, 1995

"Professor Honored For Book On Satanism: Sociologist Studied 'Panic' Bred By Cult Scares"

Jeffrey Victor, Ph.D., a member of the FMSF Advisory Board, has won the H.L. Mencken Award, a national book award given by an organization of journalists concerned with First Amendment rights, for *Satanic Panic: The Creation of a Contemporary Legend* (Open Court, 1993). The book examines the nature and consequences of the satanic cult scare.

Dr. Victor became interested in this topic when a satanic cult rumor swept his home town, Jamestown, NY in 1988. His son, who was 16 at the time, started to receive telephone death threats from people who believed he was a satanist - perhaps because he favored a punk look. Victor called the police.

"The police said there was nothing there. Journalists said it was only a rumor. But rumors can feed anxieties. A hundred cars went to a place that was thought to be a ritual site. People were breaking into warehouses. People were downtown with baseball bats, and there was not a baseball game. It was a bizarre scenario."

"Twenty-five percent or more of the elementary-school students were kept home from school by their parents because the cult was rumored to be planning the kidnap or murder of a blond child. It developed in midwinter and it reached a peak on Friday the 13th. It was classic."

"There were similar stories in other towns. It happened in Cuba, NY and Ridgeway, PA. I came to realize it was very widespread. But no one ever found any satanists, any more than people found witches in the Middle Ages."

In Cobleskill, NY a report that there were people in the woods in costumes with swords and candles resulted in the arrival of police with guns who found only a group of students from a nearby technical institute having a Halloween party. What if the police had started shooting?

Victor reported that one of the biggest panics took place near Toledo, Ohio. There the police used bulldozers to dig up the land in which bodies were rumored to be buried. National press and satanic experts watched the dig in

STUDY SAYS NO EVIDENCE OF ORGANIZED RITUAL SATANIC ABUSE

The Connection, 11 #1, Winter 1995
Court Appointed Special Advocates for Children

A study conducted for the National Center on Child Abuse and Neglect concludes that claims of an organized satanic cult who molest, torture and sometimes murder children, are usually fictitious. While there have been documented cases involving individual perpetrators who are involved with satanism, there was no concrete evidence to suggest any large scale satanic cults are in operation. The survey included 11,000 psychiatrists, psychologists, clinical social workers, police and social service agencies. From 12,000 accusations of ritual cult abuse, no substantiation was found. Sensational press coverage and numerous accusations pointing at cults were noted as responsible for some of the public perception for this type of abuse was widespread.

For a copy of the study contact
NCCAN 1-800-FYI-3366.

which only trash was found.

In New Hampshire there was a rumor that involved half the state. The rumor was that there were animal sacrifices and a place where animals were hung up. A journalist investigated and discovered a state road crew that was picking up road kill and dumping them behind a storage shed.

It is unlikely that *Satanic Panic* will ever make a profit. Victor is being sued for \$1 million by two of the therapists he mentioned in the book.

"They've filed against me and my publisher, who's already spent more on my defense than the book will ever make. The lawsuit is totally ridiculous. Everything I wrote was fully documented in complete scholarly detail."

LEGAL CORNER

FMSF Staff

Patients sue psychologist over false abuse memories

Post Register (Idaho) February 5, 1995

Paul B. Johnson

An Idaho Falls psychologist is being sued by two former patients who claim that he used hypnosis to convince them they were victims of childhood sexual abuse and satanic rituals.

One suit states that the therapist told a patient that her parents could kill her in order to silence her, that she must cut off all contact with her parents and adopt a new family.

Both suits claim that the therapist used "ideomotor signaling" to have them respond to questions when they were under hypnosis. Ideomotor signaling involves having a patient move an appropriate finger to indicate a "yes," "no" or "can't answer" response. The theory behind ideomotor signaling is that the muscles in the hands are a direct line from the subconscious mind. The suits claim that the psychologist actually tapped the patients' hands nearest the finger that would indicate a "yes" response.

Lawsuits Against Parents

Lawsuit against parents dismissed with prejudice

What is happening to the hundreds of lawsuits based solely on memories recovered in therapy that have been brought against parents? When the following case was filed, it resulted in sensationalized newspaper and television coverage. Not the therapist, not the accuser's lawyer, not the television talk show hosts, not the newspaper reporters—not one of them bothered to check the records. We received the following note from the accused telling us that the case had finally been dropped. Most of these cases are dropped, but at what price?

A little more than four years ago, our daughter initiated a lawsuit against both of us, accusing us of the most bizarre and unbelievable acts of sexual abuse and satanic ritual abuse. There was no truth to any of her claims, nor was there one scintilla of evidence against us. If the therapist or

her attorney had made any attempt to corroborate the "memories" which were uncovered in therapy, she would have seen pediatric records and a gynecological examination report verifying that there was no trauma. (Some of the horrendous things she accused us of would have left scars.)

Our daughter's lawsuit against us has just been dismissed with prejudice, meaning that she can never initiate another suit against us on these charges. We strongly proclaimed our innocence from the beginning, and defended the lawsuit vigorously. At what cost? Monetarily, it has cost in excess of \$80,000, and the final bills are not yet in. (We were fortunate in not only getting excellent legal representation, but an attorney who discounted legal fees by 25%, or else the cost would have been substantially higher.) Emotionally, there is no figure that can represent that cost to us. But perhaps the cost to our daughter is the highest. She has dismissed her entire "family of origin," saying that they are all "in denial," and that she has the only "reality" of her entire childhood and adolescence. She has gained widespread acceptance as a "victim," and this will be hard for her to give up.

We are reluctant to let her go, but perhaps we must come to the realization that she may never return to us and to reality.

Parents who won and lost

10 Texas Psychiatrists Sue Ex-Patients Over Fraud Allegations

Holcomb Noble

The New York Times, February 24, 1995

Therapist Suits Against Patients

Ten Dallas psychiatrists who are under Federal investigation for fraud have now filed suits against former patients in the latest development in the largest health care fraud case in history. 67 former patients of Texas psychiatric hospitals operated by the National Medical Enterprises (NME) had sued in 1992, claiming they had received abusive treatment, including inappropriate restraints, and were released only when their insurance ran out. In 1993, NME settled the suits, agreeing to pay \$15 million. Then in June 1994, Brookhaven Psychiatric Pavilion, a division of NME pled guilty to Federal criminal and civil charges, which included paying kickbacks to doctors in return for patient referrals and paid a \$379 million fine for health care fraud.

The 10 psychiatrists now suing were connected with the Brookhaven Psychiatric Pavilion, where 47 of the 67 complaining patients were hospitalized. The 10 psychiatrists allege that they were defamed by their former patients and that the NME corporation's conduct had damaged them.

Some of the former patients now being sued had recently spoken at a Congressional hearing on health care fraud and abuse. Normally, such witnesses are granted immunity from legal action. The United States Attorney's Office is investigating.

Lawyers for the former patients, many of whom were minors, have suggested that the lawsuits are a way to

intimidate people who complained. Lawyers for the psychiatrists explained that the doctors are "merely asserting claims for the damage that has been done based on the untrue statements."

According to the article, "Lawsuits in the mental health field have always been difficult and rare. Diagnoses are subjective to some degree and psychiatrists are often unwilling to testify against one another. In addition, former patients frequently encounter presumptions or biases against them as reliable witnesses."

Advocates dig in heels on files issue

London Free Press (Canada) January 9, 1995

Hank Daniszewski and Julie Carl

In Canada, at least one sexual assault center has shredded therapy notes to avoid having them used in court. The representative of the assault center claims that such notes are used to demoralize, humiliate and discredit complainants. Lawyers for defendants say such notes are needed to determine if the evidence is reliable.

The issue arose in the case of David Norman, 47, who was charged in 1992 with rape that allegedly took place in 1973. The complainant, now 33, said that she had blocked the incident from her memory until she had therapy in 1987. Norman was found guilty in a trial and sentenced to jail. He was released on bail pending his appeal after three days. In 1993, the Ontario court of appeal overturned the conviction, saying the evidence should have been more carefully scrutinized. In 1994, however, the Crown decided to proceed with a second trial. In 1994, the defense requested that the second trial be stayed because the Crown could not produce records from the Nova Vita women's shelter where the complainant had 200 to 300 counseling sessions. The director of the center had destroyed the records.

Increase in 'false memory' insurance

Independent (London, England) February 12, 1995

Roger Dobson

The British Psychological Society is advising its members to take out insurance to protect themselves against negligence claims from clients, including allegations of planting false memories of child abuse. So far 35 percent of members have signed up.

There is concern that claims are about to soar, as they have in the USA. Among claims that have already been registered with insurers are several concerning false memory syndrome - the planting of child abuse fantasies during therapy. Other claims registered include allegations of libel and slander, and charges of sexual impropriety.

Dr. Roger Litton is the insurance adviser for the society. He said that psychologists "are very vulnerable because of the way they work."

Woman's adultery blamed on multiple personality

Philadelphia Inquirer February 9, 1995

Mark Chellgren

Toni Tenner, a woman in a Kentucky Supreme Court case, admitted that her body had committed adultery. Her lawyer, Charles Brien said, "The personality that considered herself married...had been 100 percent faithful to the marriage." The one who cheated on her husband was Andrea, one of her 13 personalities. Toni Tenner is still in therapy.

The case is about alimony. A trial court awarded Toni Tenner \$500 a month, but she appealed. As the case made its way to the Supreme Court, Kentucky's Court of Appeals agreed with Toni Tenner and said alimony payments should be increased because her mental illness excused the affair.

In a dissenting opinion, Appeals Court Judge Anthony Wilhoit criticized the new legal standard for fault "more in keeping with the psychobabble prevalent on television talk shows than with sound jurisprudence."

Comment on Steven Lindsay's column, "Stop Child Sex Abuse AND Memory Recovery Therapy" in the February FMSF Newsletter

Dear Dr. Lindsay:

I am one of the audience members at the recent conference in Baltimore who was not just confused but quite upset by what you call "prefatory remarks" about the "millions of people" victimized by childhood sexual abuse in North America. In the February FMSF Newsletter, you presented the justification for this statement and you also suggested a new slogan for the Foundation: "Stop Child Sexual Abuse AND Stop Memory Recovery Therapy."

I would like to deal with the latter issue first. In my opinion, child sexual abuse and recovered memory therapy leading to false memories and false accusations are two completely different issues. They exist independently of each other, they neither enhance nor negate each other, there is no causal connection between them. The sexual abuse of children and the issue of influence in therapy settings are two contemporary social problems; they are in the same category as, for example, homelessness or high criminality. Since they are not interrelated, there is neither inherent contradiction in pursuing their elimination, nor is there need to pursue these goals simultaneously. Therefore, adopting your slogan would lead to confusion, to mixing two different issues that have to be dealt with by separate groups and in separate ways. For that reason, I also believe that the "prefatory remarks" in your otherwise outstanding lecture were irrelevant.

Secondly, I would like to comment on the "millions" of victims of sexual abuse in North America. Obviously, the number at which any person arrives depends on his/her selection of the original source of data, which, in turn, depends on the selected sample and on the biases and agendas of the primary researcher. You opted for the 1983 study by D.E.H. Russell,

Therapists need to be humanitarian and scientific. Before we subject patients to what we know "in our hearts," we need relevant research in our minds.

Frank Pittman, M.D. "Ask Dr. Frank" *Psychology Today*, Nov/Dec 1994

based on interviews of 930 women from the San Francisco area. Other very different (much higher or much lower) numbers could be obtained from other retrospective studies or from the statistics on reported abuse at the time it happens. There are, obviously, no reliable data on the incidence and prevalence of sexual abuse, and indeed, no data are needed for condemnation of its occurrence. Regardless whether sexual abuse occurs in one case in a million or in one case in ten, it is deplorable and should be eliminated. Unfortunately, inflated statistics lead to cynicism and disbelief and does not do any good to the true abuse victims. Moreover, statistics based on reported cases do show that many more children are in life-threatening situation through neglect and physical abuse than are sexually abused. In fact, many more children die from neglect than from physical abuse or sexual abuse. Thus, the efforts of society should be focused at elimination of neglect and poverty in the first place.

Paula M. Tyroler, Ph.D.

Response from Dr. Lindsay

Dr. Tyroler criticized the "prefatory remarks" presented in my lecture at the Baltimore conference and reiterated in a recent Newsletter article. Dr. Tyroler argued that there is no relationship between child sexual abuse (CSA) and memory recovery therapy (MRT), and that therefore my prefatory comments were irrelevant. She also took issue with my claim that there are millions of survivors of CSA in North America.

The point of my prefatory remarks was precisely that concerns about MRT and concerns about CSA are separate issues, such that there is no contradiction in vigorously expressing both concerns. I do not agree that the two issues are unrelated, nor with Dr. Tyroler's suggestion that the relationship between the two is akin to that between homelessness and crime. I think the relationship between MRT and CSA is more akin to that between, say, lobotomies and mental illness. Just as criticizing lobotomies in no way entails denial of mental illness, criticizing MRT in no way entails denial of CSA. I think it is very important that critics of MRT make this point very clear, so that psychotherapists, social workers, public policy makers, judges, et al. will not misconstrue criticisms of MRT and skepticism regarding "recovered memories" as denial of the reality of CSA. Given the long history of ignoring or minimizing the sexual abuse of children in our culture, it is understandable that criticisms of MRT are often misconstrued as yet another example of such denial, and it is our responsibility to repeatedly and unambiguously clarify this issue.

I stand by my claim that the best available evidence indicates that there are millions of survivors of CSA in North America. It is true that prevalence estimates vary widely from one study to another, depending on sampling procedures, definitions of CSA, and details of how responses were collected. Nonetheless, all of the large North American retrospective self-report studies of which I

am aware reported estimates of at least several percent of the population for quite narrow definitions of CSA (e.g., Finkelhor, Hotaling, Lewis, & Smith's [1990], national random survey of 2,626 American men and women found that 5% of the women reported CSA by age 18 years that involved force). Retrospective self-report studies can be criticized on a number of grounds, but in my view most such studies are more likely to yield underestimates than overestimates; certainly there is near-universal agreement that the number of cases officially documented during childhood grossly underestimates prevalence.

I agree that exaggerating the prevalence of CSA is not helpful. I also agree that neglect and physical abuse are tremendously important social problems, and that an undue focus on CSA should not overshadow them. On the other hand, minimizing CSA is also not helpful; although I agree with Dr. Tyroler that prevalence is irrelevant to the moral condemnation of CSA (i.e., it is deplorable regardless of whether there are dozens or millions of victims), prevalence does have important implications for public policy and professional practice. So what is needed, in my view, is a balanced and informed perspective that neither exaggerates nor underestimates the prevalence and importance of CSA.

A Retraction is Only a Beginning

A retraction is just a beginning. It takes tremendous courage. For the person accused, a retraction may be the end of pain, but for the retractor, it is a beginning. That became obvious to me last week when I received a request from a retractor for 30 copies of "FMSF Frequently Asked Questions" booklets. "Why so many?" I asked. This person told me that she wanted to use them to help explain to her family and others just what had happened to her. I had not thought of that problem and wonder what other retractors have found to be helpful to use or to say to explain their experience to others. Maybe you could give me a call or drop me a note and let me know. Thank you.

Valerie, FMSF Receptionist

Hypnosis and Delayed Recall

Co-Editors: Fred H. Frankel, M.R. Ch.B., D.P.M. and
Campbell W. Perry, Ph.D.

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Bill Hits Unproven Mental Health Treatments

Union Leader,
February 8, 1995

In New Hampshire, legislators grappled with the issue of recovered memories. Representative Peter Wells introduced a bill that would regulate therapists who use treatments to recover memories. "It's a tell-the-truth bill," said Wells.

The bill requires therapists to show that patients were informed of the risks and limitations of treatments in order to be reimbursed from insurance companies or government health care programs. Patients could continue receiving whatever treatment they wanted, but would have to pay themselves if the treatments aren't proved scientifically or accepted widely.

A spokesman for the New Hampshire Incest Center criticized the bill's supporters as carrying out a vendetta against psychiatrists and therapists. Advocates for victims expressed concern over the links between the bill and out-of-state groups they said represent perpetrators.

Wells sponsored the bill after a friend, Joel Hungerford, was charged with raping his daughter decades ago. Last year Joel spent one month in jail because his accusing daughter had a dream that he would harm her.

MORE ABOUT PAIMI

Maryland - We received a letter from a family in Maryland saying that Protection and Advocacy for Individuals with Mental Illness (PAIMI) in that state had a very narrow focus. It is unlikely that PAIMI would be of help to FMSF families. In addition, the staff is extremely preoccupied at the moment because of expected federal funding cuts.

Washington DC. The National Association of Protection & Advocacy Systems that oversee PAIMI have noted that the President recommends block grants for PAIMI, Mental Health Service Programs. Currently, PAIMI is a \$22 million program that provides grants to politically independent agencies in each state to protect the rights of individuals with mental illness under federal and state law and to investigate allegations of abuse and neglect of individuals in state hospitals and other residential and care and treatment facilities.

For those who would like additional information on the issues involved, contact Matthew Summy at 202-408-9514.

Pennsylvania - "Why does the Mental Health Bill of Rights apply only to patients in the hospital? Anyone who

Mental Health Bill of Rights

- the right to an individualized, written treatment plan, providing for periodic reassessment and revision;
- the right to know the objectives of a treatment, the possible adverse effects of treatment, and any available alternative treatments, services and providers;
- the right not to receive a mode or course of treatment in the absence of informed, voluntary and written consent;
- the right not to participate in experimentation in the absence of informed, voluntary, written consent;
- the right to appropriate protections in connection with one's participation in an experimental treatment, including the right to a reasonable explanation of the procedure to be followed, the benefits to be expected, the relative advantages of alternative treatments, and the potential discomforts and risks;
- the right and opportunity to revoke one's consent to an experimental treatment;

receives a diagnosis of 'mental disorder' as described by the Diagnostic and Statistical Manual of the American Psychiatric Association ought to be entitled to the same rights. If informed consent about treatment applies to patients in a hospital, it should also apply to out-patients, especially if the government or insurance is paying.

I wonder what relation there is between PAIMI and the National Medical Enterprises scandal?"

A Mom

We Still Have A Long Way to Go

A young woman called the Foundation, questioning her memories. She told us that the first suggestion of abuse was made to her by her dance movement instructor. She was told that her movements were typical of someone who had been abused.

Another woman called and told us about her chiropractor who had asked her if she had been sexually abused as a child. (She hadn't.) She said that the chiropractor told her he suggested this because of her reactions to some of his manipulations.

University of Arkansas—Continuing Education

April 18, 1995

A continuing education program that includes:

- A method for uncovering childhood wounds
- Suggestions for recovering memory

Brochure makes no mention of the AMA warning about recovered memories.

A woman called, saying that she had been sexually assaulted at work several years ago. About a year and a half later, she began having panic attacks. She telephoned a therapist, telling him about her problem. *Over the phone*, he told her that if she was having panic attacks, she must have been sexually abused as a child.

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**Response to
"Johns Hopkins Meeting" by Colin A. Ross, M.D.
August Piper Jr., M.D.**

Last month, Dr. Colin Ross submitted a report to the newsletter of the FMS Foundation, as well as to that of the International Society for the Study of Dissociation (ISSD). I was asked to respond to the report; this response will also be submitted to both newsletters.

Knowing how to comment on the report was difficult. Though one should not bite the hand holding an olive branch, the leaves' scent and color and texture should not distract us: some of Dr. Ross's comments are misleading and distorted. These problems aside, however, Dr. Ross makes a courageous, praiseworthy effort to bridge the canyon between the recovered- and false-memory camps. His assessment—the two movements need to talk—is "just what the doctor ordered."

Dr. Ross calls for a scholarly and scientific discussion of the problems that concern the two camps. There are at least two hallmarks of this kind of approach. The first is that papers are published in scholarly journals. Then, critical discussion of the merits and deficiencies of those papers occurs between members of the two groups. Dr. Ross's invitation to begin a discourse is most welcome. However, the difficulty, I believe, is that the two movements have not responded equally vigorously to the invitation.

By this I mean the following. The false-memory movement came into being as a reaction to the beliefs and practices of recovered-memory theoreticians and practitioners. Therefore, the movement initially had to speak in response to an established theory. In so doing, it has now generated its own body of knowledge, the weight of which severely cracks the three foundation-stones of repressed-memory work: recovered-memory therapy, multiple personality disorder, and treatment for alleged victims of satanic ritual abuse. This body of research deserves serious and scholarly responses from proponents, but despite the stones' cracks, such responses are not yet in evidence.

Examples? On page eight of the September 1994 FMSF newsletter, a list of 12 papers appeared. These studies directly and specifically challenged one or another of the recovered-memory proponents' claims (see Bibliography). My point: with one possible exception (see Notes), I do not think any of these important papers have even been commented on -- much less rebutted -- in the abuse-survivorship literature.

Now, this criticism is dangerous to make, because it requires knowing every journal in which recovered-memory writings might appear: obviously an impossible task. However, a more modest claim allows more certainty: only one person from the other camp—Dr. Ross—has attempted to rebut any of the arguments against multiple personality disorder that have been made in several of my own papers (see Notes). This regrettable tendency to simply ignore writings that raise awkward questions is inconsistent with "an empir-

ical and scientific approach to complex problems."

A few other remarks about the report are in order. Dr. Ross says that many FMSF members have attitudes toward him that are based on rumor. This may be so. However, some concerns are grounded on his written or spoken words. He has written, for example, that one per cent of the entire population of the Canadian city of Winnipeg is afflicted with MPD. He has written that more than five per cent of general psychiatric patients are afflicted with MPD -- implying that they have previously been misdiagnosed. And he has said on national television that the US Central Intelligence Agency deliberately attempted to cause patients to develop MPD.

Dr. Ross's report states that the DSM diagnosis of MPD does not require adherence to a reported history of sexual abuse. This is true -- but misleading. The DSM indeed requires no such history. However, as Dr. Ross doubtlessly knows, the writings of leading MPD theoreticians often contain statements such as the following: "No therapist who has worked with more than two or three multiples doubts the existence of a causal relationship between MPD and childhood trauma, primarily child abuse" (Putnam); "MPD is generally considered a specifically adaptive dynamic defensive response to overwhelming trauma" (Putnam); "MPD is the most complex dissociative response to severe childhood trauma;" (Ross).

The hand holding the olive branch should be seen as merely being nibbled by the above comments, which, after all, are factual statements.

In the next column, I will respond to some thoughtful letters that you have sent.

BIBLIOGRAPHY

Bonanno: Remembering and psychotherapy. *Psychotherapy* 27:175-186, 1990. This paper nicely summarizes what is known about memory processes in psychotherapy. Specifically, it criticizes the attractive but simplistic notions that people accumulate memories like so much videotaped material; that memories are fixed and unchangeable; and that therapy is an effort to gain access to that hidden, pristine material.

Dinwiddie and others: Multiple personality disorder: scientific and medicolegal issues. *Bulletin of the American Academy of Psychiatry and Law* 21: 69-79, 1993. This thoughtful paper criticizes the common practice of employing long symptom checklists, without specifying how many positive responses are required to cross diagnostic thresholds. This practice increases the number of false-positive diagnoses.

Lanning: Ritual abuse: a law-enforcement view or perspective. *Child Abuse and Neglect* 15: 171-173, 1991. This well-known paper, written by an FBI investigator, concludes that in the United States, there is no evidence whatsoever for the existence of a ring of satanists responsible for huge numbers of murders and other ritual activities.

Mulhern: Satanism, ritual abuse, and multiple personality disorder: A sociohistorical perspective. *International Journal of Clinical and Experimental Hypnosis* 42:265-288, 1994. The author says that unscientific "psychodemonology remains... oblivious to its own irrational premises." A strongly-worded paper.

Pope and Hudson: Can memories of childhood sexual abuse be repressed? *Psychological Medicine* (in press). The authors review the literature pertaining to this question. They found no study that

CORRECTION

January Newsletter - page 10., The Samaritan Institute of Colorado has told us that it has complained to the Samaritan Counseling Center in Scottsdale, AZ that their name is a copyright violation.

"provided both clear confirmation of traumas as well as adequate documentation of amnesia in their subjects. Thus, present clinical evidence is insufficient to permit the conclusion that individuals can repress memories of childhood sexual abuse."

When a Patient 'Recovers' Memories of Abuse

Paul McHugh, MD, Phipps Professor of Psychiatry, Johns Hopkins University
from *Clinical Psychiatry News* / January 1995

Do

- Observe the memory's genesis. Memories developed under hypnosis more questionable.
- Consider the content and its improbability.
- Seek confirmation of the memory. Talk to family members.
- Attend to accompanying psychiatric syndromes. These may explain memories.

Don't

- Don't propose devices. Don't suggest repression is at play or are ask about alternate personalities.
- Don't provide suggestive workbooks.
- Don't prescribe group attendance with verified incest survivors.
- Don't encourage memory with hypnosis.

lar contribution to help families whose lives have been ruined. Some of the money could be set aside for the erection of a monument in Washington, DC to the memory of families shattered. This monument could be a powerful statement to future generations that America doesn't need any more social hysterias.

Spanos: Multiple identity enactments and multiple personality disorder; a sociocognitive perspective. *Psychological Bulletin* 116:143-165, 1994. This long, extensively-documented paper strongly challenges the disease theory of MPD. It argues that the phenomena of the condition are socially constructed.

Spence: Narrative truth and putative child abuse. *International Journal of Clinical and Experimental Hypnosis* 42:289-303, 1994. "Regular rehearsal is necessary to preserve memories from long ago; if not rehearsed, they tend to disappear." Thus, "we should be particularly suspicious of the suddenly-appearing, highly-detailed memory of child abuse that has been forgotten for 10, 30 or 40 years."

Weissberg M.: Multiple Personality Disorder and Itrogenesis: the cautionary tale of Anna O. *International Journal of Clinical and Experimental Hypnosis* 31:15-34, 1993. This study highlights the vulnerability of MPD to iatrogenic creating by means of suggestion, collusion, and other factors.

NOTES

An article by Read and Lindsay has been critiqued (Moving toward a middle ground on the 'false memory debate': reply to commentaries on Lindsay and Read. *Applied Cognitive Psychology* 8:407-435, 1994).

Piper: Multiple personality disorder: A review. *British Journal of Psychiatry* 164:600-612, 1994.

Piper: Treatment for multiple personality disorder: At what cost? *American Journal of Psychotherapy* 48:392-400, 1994.

Piper: Multiple personality disorder and criminal responsibility: Critique of a paper by Elyn Saks. *The Journal of Psychiatry and Law* 22:7-49, 1994.

Dr. Piper is a member of the FMSF Advisory Board. He is a psychiatrist in Seattle, Washington.

Sibling's Response to "Johns Hopkins Meeting" by Colin A. Ross, M.D.

While Dr. Ross may have done some soul searching in writing the article, his statement simply isn't good enough. It does nothing to ease the torment with which I've lived for seven years.

The time for accountability for the Great American Therapy Wreck is NOW. For his part in the rampant negligent familicide, I encourage Dr. Ross to make a million dol-

Richard Ofshe's Response to "Johns Hopkins Meeting" by Colin A. Ross, M.D.

(Richard Ofshe, Ph.D. and Colin Ross, M.D. spent many hours discussing issues of Recovered Memory Therapy during the Baltimore conference. We asked Dr. Ofshe to respond to the column by Dr. Ross in the February newsletter. - Ed.)

Colin Ross' comments in the February newsletter are susceptible to numerous interpretations and constructive criticisms. One point worth making relates to the quality of his analysis and another to a hypothesis suggested by Dr. Ross' work, certain comments in his letter and my interaction with him at the Baltimore conference.

Dr. Ross cites certain similarities between his observations at the Baltimore conference and and ISSD meetings. He seems to be saying that the differences between the two group are not so great. Unfortunately Dr. Ross' point is silly because he fails to distinguish between: the organizational aspects of group life (social arrangements and interaction characteristics - diversity of opinion, interaction styles, etc.) that are present whenever human groups interact; and the substance of the collective task that brings the two groups together (the content of what group members are saying to one another). Dr. Ross thereby winds up celebrating the trivial and ultimately producing a banal commentary.

The logic of Dr. Ross' comment would allow one to suggest that because they held meetings and made decisions there was not much difference between the group that assembled to plan the Nuremberg rallies and the group that convened to plan the Nuremberg trials.

Dr. Ross makes two other points: "The problem is not the existence of false memories as such, it is how they are managed and handled in therapy;" and "the key variable of mutual interest should be impaired professionals and bad therapies."

The first comment is simply wrong. The fundamental problem is precisely that of false or valid memories and how they came into existence. Implicit in Dr. Ross' comment is the idea that the therapist either manages well or poorly "memories" presented by the patient. Dr. Ross' failure to notice that accounts of the careers of recovered mem-

ory patients indicate that it is through the guidance and direction of their therapists that patients develop their visualizations, label them as memories and learn to role-play whatever version of DID the therapist advocates.

One is forced to wonder where Dr. Ross' consciousness has been for the past few years. There are three recent books on this problem that he might wish to study in order to begin his education about patient conformity to therapists' pressures and influences. I believe that he figures in one or two of them.

Finally, Dr. Ross suggests that impaired professionals should be a point of mutual interest between ISSD and the False Memory Syndrome Foundation. Writing-off the recovered memory epidemic as a problem attributable only to impaired professionals is similar to the fantasy of blaming patients for supposedly handing therapists fully formed memories to manage well or badly.

Rather than blaming a few (no doubt) impaired professionals as Dr. Ross proposes, those of us concerned with this wasteful tragedy need to look deeper for the causation of the problem. I believe that any basic description of the problem must involve recognition that an unfounded innovation has unfortunately taken hold among a portion of the mental health professional community. It was foundationless when it began and remains so today. The professions should have recognized it as dangerous and those who advocated it should have been required to prove its validity before being allowed to inflict it on their patients. If there is an impairment, it is organizational and involves insufficient training and rigor among practitioners and an insufficiently developed set of standards to prevent practitioners from being reckless with patients' fate.

To return to the topic of where Dr. Ross' consciousness has been for the past few years, has he forgotten that he circulated a prospectus for a book to be completed by July of 1994 on the topic of CIA Mind Control? According to the prospectus:

Dr. Ross has treated people who report systematic mind control and programming done to them on military bases and at civilian locations throughout the United States...

The information revealed in therapy is very detailed and includes the identification of specific doctors, control agents, military bases, surveillance operations access codes and the dates of phone calls from CIA personnel who call out programmed alter personalities over the phone.

This book will describe the clinical features and treatment of these victims, who probably number in the thousands or tens of thousands.

In my conversation with Dr. Ross at the Baltimore conference he made light of the "Fifth Estate" (Canadian Broadcasting Company) documentary in which he is shown surrounded by needy MPD patients and he proceeded to have a conversation with an alter known as the devil.

When I asked Dr. Ross about the malpractice suit brought against him by Roma Hart, he declined to discuss the truth or falsity of the allegations she makes about the history of his treatment of her and tried to suggest that she was unreliable as a reporter of the events of her life.

If I agreed with Dr. Ross about impaired professionals and if I engaged in diagnosis at all, or from afar (as he does in his writing that Anne Sexton was an undiagnosed MPD), I might consider the possibility that Dr. Ross has dissociated his track record and developed an alter personality called "middle-of-the-wrong-road." But since I find neither the idea nor the practice appealing, I'll stick with the position that his comment badly misses the mark. He seems not to have noticed that there is a matter of substance at issue — the misuse of influence by therapists and the impact this has on the lives of patients.

RETRACTORS' CORNER

IN HONOR OF A MOM WHO DIED

by her Friend, a Retractor

This message is for accusers. It is for those who believe that "recovered memories" are true memories of sexual abuse and not visualizations or brain events. By "recovered memories" I restrict the meaning to the kind of memories of abuse that you never knew—not even an inkling—until you went into therapy, or read a book.

A mom died this week. She'd been accused of SRA and other horrible things. She longed to see her daughter, to sit and chat like they had in the past. She talked of how bright this daughter was, yet how the girl could not use rational reason. It had escaped the girl when the irrational "memories" brain events started appearing. She clung to the hope that there would be a future with her daughter. She fought in the arena of stopping this kind of therapy, trying to protect future daughters and sons from being destroyed. And she prayed to the ending of her loss, her pain, the heartache of a mother yearning for her loss child.

But as fate would have it, she lost that battle—the battle to see her child once more. She lost the battle to reach out and hold her like she had so many times when the girl was small and would come running to mom to fix the boo boo's of the world.

I have heartache for this girl, wherever she may be. For she is truly lost. She doesn't know it. Does she not see, nor feel the pain of anyone else, only the pain she has been made to believe happened to her. Does she cry out now knowing her mother is dead, or does she feel satisfaction that the believed abuser is gone? Oh lost child that she is, when she awakes from her nightmare and joins the world of reality again, how she will grieve forever more. Oh daughters/sons, time is ticking for all of you.

What if, Oh just for a moment think, What if, the "memories" are not memories of truth after all? Think how you came to believe you'd been abused in the first place. Find the moment you started thinking about it. Find the moment the first glimmer came. How did it come about? A suggestion? A book you read? A symptom you have that is from a list? What were your memories of your family before the "memories" of sexual abuse? How did you feel

toward your parents before the "memories" of sexual abuse? Daughters/sons what will you do if the time is too late before you know and your mom and dad are gone from you forever more?

This mother lost her child and a child out there is lost from her mother forever. Cry for the child all you who believe in the truth about "repressed memories". Cry for your sons and daughters, because someday it just may happen to you, unless this stops.

I was once one of those lost daughters.

Retracting Therapists

Where is there a place for retracting therapists? At the Baltimore conference, a young woman, "Joan," whose sister had accused her parents told us that during one of the lectures, the woman sitting in front of her was quietly weeping throughout the entire talk. The two younger women on either side of her tried to comfort her. "Joan" said that she finally put her hand out and asked the woman whether she was an accused mom. The woman looked at her sadly and said, "No, I'm a retracting therapist. These are two of my clients."

A Newsletter of Our Own

Retractors have invaluable experience. Families tell us that we are a source of hope and a link to their children. They wait eagerly to hear from us. I have found for myself that it has been helpful for me to be active, to work with families and to receive their support and encouragement. It is helping to give this nightmare some meaningful purpose. The Retractor's Corner is a safe, anonymous and yet personal way for us to share our experience and insights with families. Thank you FMSF for putting it together for us.

In Baltimore, however, many of us shared our desire to have a newsletter of our own. We felt that it would improve our ability to network as a group and provide a source of support that many of us don't have. At the conference, we had a volunteer ready to begin this project but, unfortunately, she received a directive from her lawyer that it would not be possible. So, for now, I will take over this effort. I would love to hear from any of you who would like to contribute in any way. I am not a journalist, but I am dedicated. If you would like to receive a subscription (inexpensive and confidential) or would like more information, please contact me: Diana Anderson at the FMSF Office.

MAKE A DIFFERENCE

This is a column that will let you know what people are doing to counteract the harm done by FMS. Remember that three years ago FMSF didn't exist. A group of 50 or so people found each other and today we are over 15,000. Together we have made a difference. How did this happen?

Wisconsin Sanai Samaritan Medical Center, Milwaukee, Department of Psychiatry, presented Grand Rounds in January on "Forensic Psychiatric Issues in False Memory

Syndrome." Thomas Guthrie, M.D. Professor of Psychiatry at Harvard Medical School and Co-Director, Program in Psychiatry and the Law, Massachusetts Mental Health Center was the presenter. This excellent program was attended by over 200 professionals including FMS families. Families and professionals in other places in the country might try to interest their local hospitals and medical centers in presenting such programs. *(The newly formed Speakers Bureau at the FMSF Office can help organizations locate qualified presenters.)*

Colorado Pastor Ed Bulkey has a radio call-in show, "Return to the Word" 800-468-6577, from the Christian viewpoint. In January he devoted five, one-hour shows to False Memory Syndrome. His guests included Paul Simpson, Ed.D and Mr. and Mrs. Grady. Some FMS families called in and were most effective in sharing their experiences. The shows are available on tape. It is very difficult as a parent to call in, but the effect is tremendous. All you do is pick up the phone, take a deep breath and talk....

Missouri FMS families had a special meeting for legislators and Health professionals. Special guests were B. Cooper, aide to Rep Jim Talent, E. Priber, MD, President of Eastern Missouri Psychiatric Society, and Carol North, M.D., Washington University Department of Psychiatry. A special effort was initiated to have legislators and therapists attend so that they can learn about the how FMS has affected families.

Missouri is planning a special meeting on March 19 for siblings of people with FMS. Siblings are in a unique position, torn between parents and brothers and sisters. Many times they are the only line of communication open to lost children. As such, they confront a special set of problems and opportunities. Involving and educating the siblings will hopefully make an easier road home possible for our loved ones.

Washington. Persistence Does Pay Off!! After 2 1/2 years of writing, calling, etc, the Noah family and friends have won a victory. The therapist who treated their daughter has been charged by the Department of Health with negligence and incompetence. You may be interested to know that the credentials the therapist had were recently acquired by Chuck Noah for \$78.50 and 4 hours of AIDS study. The State of Washington is the first state to bring action against a therapist relating to False Memory Syndrome and Satanic Ritual Abuse. Dolores E. Spice, the Executive Director of Health Counselors, was one of many in the state who helped to bring this about.

Washington. In Spokane the Paul Ingram "Right to a Fair Trial" organization, P.O. Box 7465 continues to work for a pardon if there is no new trial and investigation. The group has generated over 1000 post cards and letters on Paul's behalf and they hope that more people will write. Letter writing campaigns are very effective. It doesn't cost much - just a stamp and a bit of time. Even if one letter doesn't change things, it informs and educates and that is what we are all about.

You can make a difference. Please send me any ideas that you have had that were or might be successful so that we can tell others. Write to Katie Spanuella cio FMSF.

FROM OUR READERS

The Meeting Was Fine

We have been caught up for several years in the "recovered memory" of our now 33-year old daughter. Our life has been a living hell. As we approached retirement, we prayed we would not lose our savings and home in a court battle.

Now our daughter, who had never lost contact with her siblings, has returned. She wrote and asked to come home. She requested that if we had any hard comments to make that we make them in writing so that the trip, with her family, could be pleasant. We promptly replied that we had no wish to dredge up anything, but that we would like to start from here renewing our relationship. I had worried that our son-in-law might still be estranged, but he was the same old person we knew and loved. We do not know what has changed her mind, or where she is. We only know that the meeting went fine.

A Mom and Dad

Epidemic Proportions

As has been said so often, it is a hysteria of epidemic proportions. I have a brother-in-law, recently deceased, who has been falsely accused. Happily my sister, his two sons, and his other daughter stayed staunchly with him. But it must have been dreadful for him to have died with no resolution with his accusing daughter. There is also the brother-in-law of a close friend of mine who was similarly accused. Fortunately his daughter included satanic ritual -- the buried, butchered dogs could not be found. Three years ago, my youngest daughter charged me with having raped her when she was 18 months old. It is incredible that she could have recalled the horror in some detail, except that she had undergone hypnosis for 5 months. The 'therapist' is an MSW under no supervision. She would not check records of any sort nor would she talk with me or my wife.

A Dad

Mothers' Stories

I am a mother who would like to collect stories from other mothers who, like me, have become involved in the long-delayed charges of incest between husband and daughter.

Except in the pages of this newsletter, our personal histories as participants in this tragic drama are often overlooked, or still worse, revised by others into stories we no longer recognize. We deserve to tell our own stories, and to a wider audience. It is my hope that such a collection might help ease the pain for other mothers in this situation by allowing them to realize that they are not alone. Our stories might also lead outsiders to greater empathy through a better understanding of what it has meant to us, as young mothers of the fifties, to be confronted with such traumatic charges from our own daughters. To my astonishment, I have learned that the blame for these alleged events is often laid at the feet of the mother. How can this be?

Please call me or leave a message at 503-563-3615 to discuss sharing your story for possible publication. I promise to preserve your privacy and protect your identity.

A Mom

Stuck on a Limb

"I think my son has gotten stuck on a limb and is now uncomfortable to be there, but not sure how to get off. A part of me thinks he needs to face what he did and why he did it and change his view of his past and me. Another part wants to help him, let him slide back into contact and relating. I worry about what another layer of "let's pretend" will do."

A Mom

Working Together

Often at meetings in New England, people complain, out of frustration, that their own personal problem is not being addressed by the group, that their daughters or sons are no closer to coming back to the family. It's hard not to take what so deeply affects oneself in other than a very personal way. But in order to win out, in the long run, we must realize that the greater good for all our families, now and in the future, is to defeat the entire destructive force that locks so many in its web of lies and deceit. Who knows what will cause the light to dawn for our children, or where, or when? We need to work together to maintain the flow of truth that eventually will make the difference.

Frank Kane

Letter from a Grandchild

My grandfather is accused, which seems absolutely outrageous to me because I have always thought of my grandfather as my hero. However the accuser, my aunt, was my idol. I wanted to look just like her and be just like her in almost every way. In 1990, my aunt accused my grandfather of a lot of things. At the time it upset me but I didn't think it was serious. I thought it was her way of making her marriage work

since she was having troubles with her husband. My aunt proceeded to try and ruin my grandparents' lives and her husband proceeded to leave her. Things got worse, not better. Now my other aunts and two uncles hardly ever talk to their sister. In fact, my mother is the only one who really keeps in touch with my aunt and that is only because she has always kept the peace in the family. It is through my mother that my grandparents have any information at all about how their accusing daughter is doing.

Because I am a granddaughter and not one of the siblings you may think that I don't really know what is going on but I do. I am 19 years old and am married. I could never imagine how my aunt came up with stuff about my grandfa-

ther. Now out of six children, she and her twin brother being in the middle, she is the only one that thinks she remembers this stuff. I have lost respect for my aunt and in fact, I can't stand her. I wonder sometimes if she ever thinks about how everyone else feels about this. Probably not. According to her, we were all in denial about it.

My grandparents tell me to forgive her because she is sick. Well, she has to apologize for turning my family upside down and hurting everyone. My aunt told me when she started this that if I was afraid to come forward but knew something, then she would protect me. I will never forgive her for saying that. She knows she is lying and so do I.

My grandparents are handling this in the wrong way. They are letting my aunt control their lives and that really upsets me. I know they are hurting but she's not their only child. She brought this on herself. My aunt told my grandparents not to write or get in touch with her or her children so they are afraid to try to make contact. My grandmother is afraid to send my aunt any of the false memory information because she doesn't want to upset her. Well, I say that they should do what they want to because they can't spend the rest of their lives walking on eggshells because they are afraid of upsetting her. I wish that they would either try to make up or to get on with their lives. They should stop worrying about what my aunt would think.

I am very close to my family and I love them all a lot. I really am worried about my grandparents and I wish they could be as happy as they were. I don't really want them to forget my aunt. I just want things to be easier for them.

I guess what I am trying to say is, "Don't forget about the kids of your kids. They know what's going on and they are all affected. Trust me, it hurts me to see what's going on. Love all of your kids but don't let this take over your life."

Thanks for listening.

A Granddaughter

I am both a falsely accused parent and a retractor. I went to a psychologist after my son accused me of acts I did not do. I also went to psychiatrist who specialized in hypnotherapy and Multiple Personality Disorder. I was helped to believe I had been victimized by my father and was therefore likely to have done what my son has suddenly begun remembering in therapy. My ex-wife died about a month after being accused of being an "enabler."

A Dad

Dear FMSF,

Thank you for your letter. In it you asked if I had any suggestions on how to help the FMSF membership get out of the despondent state that many are in. That's a tough order but I do have one suggestion that I think has merit: I would solicit brief written descriptions from all members on how they have learned to cope with the aftermath of the accusations. We don't want them to discuss the accusations but merely to tell what they have done within themselves to cope with these senseless happenings. Here is my letter.

"The accusations were made by letter that left my wife and me in a state of shock and disbelief. We meticulously verified that the accusations were false or gross distortions of what actually happened. We wrote her seeking further discussion. No response. This overwhelmed my mind - I

thought about it 1,000 times a day. My thinking made me realize that I had to make some sense out of this senseless happening or my mind would just run in concentric circles seeking answers. I

wrote a personality profile of my daughter. I reviewed all of the happenings up to receipt of her letter. I thought of every conceivable explanation. I wrote it all down and rewrote it many times. The story that emerged had to be accurate, comprehensive and plausible. I'm not happy with that story but I am satisfied with it and my mind has ceased to churn seeking answers. The story describes a daughter who has serious personal and personality problems that she has been unable to resolve. With the help of a book and a therapist she has chosen to blame her parents for all of her problems. She is not really concerned with the truth of her accusations. She needs to be a victim to explain the way she is. It's that simple."

The FMSF Newsletter is now available for the blind on audio tape. If you know anyone who has need of this service, please contact the office.

Does the FMSF volunteer contact in your state know who you are?

Keep up with local events. Call your contact to be sure he or she has your name and phone number.

How can writing something help? (1) It can help a person straighten out his or her thinking. Reading the thought processes of others can broaden one's outlook. (2) It is important to get people to stop looking at the accusations themselves and start looking through them. If they are not true, why were they made? What is behind all of this? (3) Finally, it may help some in this war of words and accusations to stop being totally defensive and put the accusers on the defensive.

I hope that this is helpful to other families.

A Dad

Editors Note: We agree. Please send us stories of how you have coped.

MARCH 1995 FMSF MEETINGS

FAMILIES, RETRACTORS & PROFESSIONALS
WORKING TOGETHER

STATE MEETINGS

ARIZONA - TEMPE

Saturday, March 18 - 10:30 am - lunch - to 4 pm
Embassy Suites Hotel
Guest Speaker: Mark Pendergrast
author, *Victims of Memory*:
Incest Accusations and Shattered Lives
Barbara (602) 924-0975

INDIANA - INDIANAPOLIS

Sunday, April 23, 1:00 - 4:30 pm
Nickie (317) 471-0922 (phone); 334-9839 (fax)
Gene (317) 861-4720 or 861-5832

MINNESOTA - MINNEAPOLIS AREA

Saturday, April 1 - begins 9 am
Terry & Collette (507) 642-3630
Dan & Joan (612) 631-2247

PENNSYLVANIA, NEW JERSEY, DELAWARE KING OF PRUSSIA, PA

Saturday, March 25 - 10:00 am - 5:00 pm
Sheraton Convention Center
Call Jim & JoAnne (610) 783-0396

UNITED STATES

Call person listed for meeting time & location.
key: (MO) = monthly; (bi-MO) = bi-monthly

ARIZONA - TEMPE

SEE STATE MEETINGS LIST

ARKANSAS - LITTLE ROCK

Al & Lela (501) 383-4368

CALIFORNIA

NORTHERN CALIFORNIA

SAN FRANCISCO & BAY AREA (Bi-MO)

EAST BAY AREA

Judy (510) 254-2605

SAN FRANCISCO & NORTH BAY

Gideon (415) 389-0254

Charles (415) 984-8628 (day); 435-9818 (eve)

SOUTH BAY AREA

Jack & Pat (408) 425-1430

Last Saturday, (Bi-MO)

CENTRAL COAST

Carole (805) 967-8058

SOUTHERN CALIFORNIA

BURBANK (formerly VALENCIA)

Jane & Mark (805) 947-4376

4th Saturday (MO) 10:00 am

CENTRAL ORANGE COUNTY

Chris & Alan (714) 733-2925

1st Friday (MO) - 7:00 pm

ORANGE COUNTY (formerly LAGUNA BEACH)

Jerry & Eileen (714) 494-9704

3rd Sunday (MO) - 8:00 pm

COVINA GROUP (formerly RANCHO CUCAMONGA)

Floyd & Libby (818) 330-2321

1st Monday, (MO) - 7:30 pm

WEST ORANGE COUNTY

Carole (310) 596-8048

2nd Saturday (MO)

COLORADO - DENVER

Ruth (303) 757-3622

4th Saturday, (MO) 1:00 pm

CONNECTICUT - NEW HAVEN AREA

George (203) 243-2740

FLORIDA

DADE-BROWARD AREA

Madeline (305) 966-4FMS

DELRAY BEACH PRT

Esther (407) 364-8290

2nd & 4th Thursday (MO) 1:00 pm

TAMPA BAY AREA

Bob & Janet (813) 856-7091

ILLINOIS

CHICAGO METRO AREA (South of the Eisenhower)

Roger (708) 366-3717

2nd Sunday (MO) 2:00 pm

INDIANA - INDIANAPOLIS AREA

Nickie (317) 471-0922 (phone); 334-9839 (fax)

Gene (317) 861-4720 or 861-5832

SEE STATE MEETINGS LIST

IOWA - DES MOINES

Betty & Gayle (515) 270-6976

2nd Saturday (MO) 11:30 am Lunch

KANSAS - KANSAS CITY

Pat (913) 738-4840 or Jan (816) 931-1340

Sunday, April 2 (MO)

KENTUCKY

LEXINGTON - Dixie (606) 356-9309

LOUISVILLE - Bob (502) 957-2378

Last Sunday (MO) 2:00 pm

MAINE - AREA CODE 207

BANGOR - Irvine & Arlene 942-8473

FREEPORT - Wally 865-4044

3rd Sunday (MO)

YARMOUTH - Betsy 846-4268

MARYLAND - ELLICOTT CITY AREA

Margie (410) 750-8694

MASSACHUSETTS / NEW ENGLAND

CHELMSFORD

Jean (508) 250-1055

MICHIGAN - GRAND RAPIDS AREA - JENISON

Catharine (616) 363-1354

2nd Monday (MO)

MINNESOTA - MINNEAPOLIS AREA

Terry & Collette (507) 642-3630

Dan & Joan (612) 631-2247

SEE STATE MEETINGS LIST

MISSOURI

KANSAS CITY

Pat (913) 738-4840 or Jan (816) 931-1340

2nd Sunday (MO)

ST. LOUIS AREA

Karen (314) 432-8789 or Mae (314) 837-1976

3rd Sunday (MO) 1:30 pm

Retractors support group also meeting.

SPRINGFIELD - AREA CODES 417 AND 501

Dorothy & Pete (417) 882-1821

4th Sunday (MO) 5:30 pm

NEW JERSEY (So.) See STATE MEETINGS LIST

NEW YORK

DOWNSTATE NY - WESTCHESTER, ROCKLAND & OTHERS

Barbara (914) 761-3627 - call for bi-MO meeting info

4th Sunday, March 28, 1995 in lower Connecticut

UPSTATE / ALBANY AREA

Elaine (518) 399-5749

Family group meets bi-monthly

Sunday, March 19, 2-5 pm

WESTERN / ROCHESTER AREA

George & Eileen (716) 586-7942

March 12, 1995 - 1:15 pm

OHIO - CINCINNATI

Bob (513) 541-5272

2nd Sunday (MO) 2:00-4:30 pm

OKLAHOMA - AREA CODE 405

OKLAHOMA CITY

Len 364-4063

HJ 755-3816

Dee 942-0531

Rosemary 439-2459

PENNSYLVANIA

HARRISBURG AREA

Paul & Betty (717) 691-7660

PITTSBURGH

Rick & Renee (412) 563-5616

WAYNE (includes So. Jersey)

Jim & Joanne (610) 783-0396

SEE STATE MEETINGS LIST

TENNESSEE - MIDDLE TENNESSEE

Kate (615) 665-1160

1st Wednesday (MO) 1:00 pm

TEXAS

CENTRAL TEXAS

Nancy & Jim (512) 478-8395

DALLAS/FT. WORTH

Lee & Jean (214) 279-0250

HOUSTON

Jo or Beverly (713) 464-8970

VERMONT - BURLINGTON AREA

Kim (802) 878-1089

Tuesday, March 28 (Bi-MO) 7-9 pm

WISCONSIN

Katie & Leo (414) 476-0285

CANADA

BRITISH COLUMBIA

VANCOUVER & MAINLAND

Ruth (604) 925-1539

Last Saturday (MO) 1:00-4:00 pm

VICTORIA & VANCOUVER ISLAND

John (604) 721-3219

3rd Tuesday (MO) 7:30 pm

MANITOBA

WINNIPEG

Muriel (204) 261-0212

Call for meeting information

ONTARIO

OTTAWA

Eileen (613) 836-3294

TORONTO - NORTH YORK

Pat (416) 444-9078

Saturday, February 18 (Bi-MO) 1-3 pm

Studio 4, Civic Garden Ctr, 777 Lawrence St-East

ANNUAL MEETING - TORONTO, ONTARIO

Saturday, April 22, 1995, 1-5 pm

Holiday Inn, Warden Ave (South from 401)

Pat (416) 444-9078

AUSTRALIA

Ken & June, P O Box 363, Unley, SA 5061

NETHERLANDS

Task Force False Memory Syndrome of

"Ouders voor Kinderen"

Mrs. Anna de Jong, (0) 20-693 5692

NEW ZEALAND

Mrs. Colleen Waugh, (09) 416-7443

UNITED KINGDOM

The British False Memory Society

Roger Scotford (0225) 868-682

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Deadline for APRIL 1995 issue:

Wed., March 22nd (Attn: Nancy, c/o FMSF)

Send notice 2 months before scheduled meeting

Do you have access to e-mail? Send a message to
 pjf@cis.upenn.edu
 if you wish to receive electronic versions of this
 newsletter and notices of radio and television broad-
 casts about FMS. All the message need say is "add
 to the FMS list". It would be useful, but not neces-
 sary, if you add your full name (all addresses and
 names will remain strictly confidential).

FMS Foundation

3401 Market Street, Suite 130 Philadelphia, PA 19104-3315

Phone 215-387-1865

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

March 1, 1995

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 10 times a year by the False Memory Syndrome Foundation. A subscription is included in membership fees. Others may subscribe by sending a check or money order, payable to FMS Foundation, to the address below. 1995 subscription rates: USA: 1 year \$30, Student \$10; Canada: 1 year \$35 (in U.S. dollars); Foreign: 1 year \$40. (Single issue price: \$3 plus postage.

What IF?

What if, parents who are facing lawsuits and want legal information about FMS cases, had to be told, "I'm sorry, there isn't any such thing available?"

What if, your son or daughter began to doubt his or her memories and called FMSF only to get a recording, "This number is no longer in operation?"

What if, a journalist asks you where to get information about the FMS phenomenon, and you had to answer, "Sorry, I don't know?"

What if, you want to ask a question that only an expert, familiar with FMS can answer, and find out that FMSF can no longer provide that information? Where would you turn?

What if the False Memory Syndrome Foundation did not exist? A frightening thought, isn't it?

Please support our Foundation. We cannot survive without your support!

Reprinted from the August 1994 PFA (MI) Newsletter

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Professional - Includes Newsletter \$125 _____

Family - Includes Newsletter \$100 _____

Additional Contribution: _____

____ Visa: Card # & expiration date: _____

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Please include: Name, address, state, country, phone, fax

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Attn: Nick. Thank you.

We must hear from everyone
for this effort to work!